U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-3()-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25632	2. Fiscal Year Covered From:
	77 / 07 / 05 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ALGERT DEPAUL	Name PLUMBERS & STEAMFITHERS LOCA! UNIVAL 721
	Labor Organization File Number 54082
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 270 W. Cov5/1 ST.	Street 10.24 McKiNIFY ST.
Street 270 W. COVELL ST. City MAHOPAC	City PEELSK 11
State	State 19 ZIP Code + 4 70566
5. Position in labor organization. 3. Position in labor organization.	PUSTEE .
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclusion A. Held an interest in, engaged in transactions (including loans) with, or or	sions set forth in the instructions):
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No.; if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signa	ture
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Month Carlain	On 5/10/06 714 737 2166 Date Telephone Number

Name of Person Filling FILBERT VERAL	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or r indirectly to, or otherwise
Name and address of Business (including trade name, if eny). Name	9. Business deals with:
P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust c. Employer
Street City ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone is a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	
State NY ZIP Code + 4 /0.566	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. 5/20/05 842.37 11/13/05 1.274.26